



**TREASURER'S OFFICE
SUMMER AND WINTER PROPERTY TAXES
Recurring Automatic Bill Payment Enrollment Form**

#1 COMPLETE THE INFORMATION BELOW:

Taxpayer Name: _____
Property Street Address: _____
Parcel Number: 03-57-_____ Daytime Phone: _____
Email Address: _____

#2 PROVIDE THE REQUIRED FINANCIAL INFORMATION BELOW:

Name of Financial Institution: _____
Routing Number: _____ Account Number: _____
 Checking Account Savings Account

*****A COPY OF A VOIDED CHECK IS REQUIRED to ensure the correct account and ABA/routing numbers are used for this electronic payment. For savings account deductions, the City REQUIRES A COPY OF YOUR MEMBERSHIP CARD.*****

#3 PROVIDE YOUR SIGNATURE FOR AUTHORIZATION

I HEREBY AUTHORIZE THE CITY OF SAUGATUCK to deduct the full amount of my summer and winter property tax bills from the checking or savings account listed above on the following recurring dates (bank processing):

Summer Taxes (select one): Due Date (example: Sept. 14)
Winter Taxes (select one): Year End (example: Dec. 31) **OR** Due Date (example: Feb. 14)

I understand that all information provided will remain confidential. I understand that it is my responsibility to confirm the City has received and processed my enrollment form. I understand that a fee will be charged if my payment is returned for any reason and that my taxes will be considered unpaid and subject to penalty if not paid by the statutory due dates. If at any time I decide to discontinue this payment service, I will notify the City of Saugatuck in writing no less than 14 days prior to the scheduled payment date.

THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE
Signature: _____ Date: _____

#4 MAKE A COPY OF THIS FORM FOR YOUR RECORDS AND RETURN ORIGINAL TO CITY HALL

City of Saugatuck
PO Box 86
Saugatuck, MI 49453
nicole@saugatuckcity.com
Hours: M-F 8:30-5 pm
Drop Box: 24-7
Phone: 269-224-9503
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Phone: 269.857.2603 • Website: www.saugatuckcity.com